

April 29, 2002

VIA ELECTRONIC FILING

Marlene H. Dortch, Secretary
Federal Communications Commission
445 - 12th Street, S.W.
Room TW-A325
Washington, D.C. 20554

Re: *Ex Parte Presentation*
American Hospital Association Task Force
On Medical Telemetry
WT Docket No. 02-08

Dear Ms. Dortch:

This letter filed electronically serves as notification that on April 26, 2002, on behalf of the American Hospital Association Task Force on Medical Telemetry ("AHA Task Force"), Mary Beth Savary Taylor of the American Hospital Association, Larry Movshin and Tim Cooney of Wilkinson Barker Knauer, LLP, and (via telephone conference call) Scott Carter of General Electric Medical Systems Information Technologies ("GEMS-IT"), and Bob Snyder and Mark Kotfila of Philips Medical Systems (each of which company is a member of the AHA Task Force, but which company also filed separate comments in the proceeding) made an ex parte presentation in the above-captioned proceeding to the Wireless Telecommunications Bureau. The Bureau was represented by John Borkowski, Zenji Nakazawa, David Hu, Gary Michaels, Brian Marengo and Tim Maguire.

The Task Force expressed its appreciation for the past and continuing efforts made by the Commission to provide the Wireless Medical Telemetry Service ("WMTS") with an allocation of a sufficient amount of dedicated spectrum to foster continued advancements in monitoring critically ill medical patients. We reiterated the position, emphasized in the AHA Task Force comments in this proceeding, that because hospitals will not tolerate sporadic interference to WMTS devices, the Commission also must adopt appropriate service rules governing WMTS's neighbors in the 1.4 GHz band to attain the desired objectives of patient safety, non-interference to WMTS systems and efficient spectrum use.

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The Task Force discussed its comments regarding: (a) its strong preference that its immediate neighbor in the 1427-1432 MHz band be Utility Telemetry, rather than “general” telemetry or any other service with wide eligibility; (b) the adoption of the exact frequency bands in the AHA-Itron proposal for the so-called “band flip” in the 1427-1432 MHz band;¹ and (c) the power and geographic separation parameters specified in the AHA-Itron band allocation proposal. We also stressed our strong preference for a restriction on mobile operations in the 1427-1432 MHz band, emphasizing that the worst enemy to WMTS operations is sporadic mobile interference that cannot be traced because of a large universe of potential interferers. Finally, we confirmed the need for the Commission to require the frequency coordinators for non-WMTS services across the 1390-1435 MHz bands to cooperate and share database information with the WMTS frequency database administrator (the American Society of Health Care Engineers or “ASHE”).

Please contact the undersigned if you have any questions.

Very truly yours,

WILKINSON BARKER KNAUER, LLP

By: /s/
Lawrence J. Movshin
Timothy J. Cooney

cc: John Borkowski
Zenji Nakazawa
Brian Marengo
John Borkowski
Tim Maguire
David Hu
Gary Michaels

¹ Under the AHA-Itron proposal, the 1427-1432 MHz band would be shared in most areas of the country such that WMTS would be allocated 1427-1429.5 MHz and Utility Telemetry would be allocated 1429.5-1432 MHz. In the band flip areas, however, the AHA-Itron proposal would allocate WMTS 1429-1431.5 MHz while Utility Telemetry would be allocated 1427-1429 MHz and 1431.5-1432 MHz.